

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Chamberlain/Oacoma SUN		2. DATE 9-30-14	
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 40	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 116 S Main St. Chamberlain SD 57325			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 518 Presho SD 57568			
6. FULL NAME OF PUBLISHER: Lucy & Kim Halverson			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FULL NAME K.L.H., LLC </div> <div style="width: 45%;"> COMPLETE MAILING ADDRESS PO Box 518 Presho SD 57568 </div> </div>			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		1400	1400
B. PAID AND/OR REQUESTED CIRCULATION		735	735
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.			
2. Mail Subscription (Paid and or requested)		587	587
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		1322	1313
D. FREE DISTRIBUTION		15	6
1. BY MAIL, CARRIER OR OTHER MEANS			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		20	30
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		1357	1349
F. COPIES NOT DISTRIBUTED		20	25
1. Office use, left over, unaccounted, spoiled after printing			
2. Return from News Agents		23	26
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		1400	1400

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**  
**I swear that the statements made by me are true, correct, and complete:**

**I swear that the statements made by me are true, correct, and complete:**


King Ha  
(Signature)

Publisher  
(Title)

State of South Dakota )  
County of Lyman )

Sworn to before me this 23 day of Oct, 2014  
[Signature]  
 Notary Public

My commission expires: \_\_\_\_\_  
MICHAEL J. SPRENGER  
NOTARY PUBLIC - SOUTH DAKOTA  
My Commission Expires  
March 27, 2015


 MICHAEL J SPRENGER  
 NOTARY PUBLIC  
 SOUTH DAKOTA

Form: SOS REC 051 8/2014